

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	M DW	52	08-18-01
FORMALITY REVIEW	CX	1109	9-13-01
RESPONSE FORMALITY REVIEW	TZ	947	01-14-02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final	1/24/02
Original	8/22/02
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16	✓
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Claim	Date
Final	1/24/02
Original	8/22/02
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Claim	Date
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If more than 150 claims or 10 actions  
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551  
9/3/01  
01/14/02  
K-3V-5C58